

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

13870

State File No.

FILED APR 27 1953

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 409

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1314 West Walnut Street</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u> b. (Middle) <u>LEVI</u> c. (Last) <u>JOHNSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 22, 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 1, 1878</u>
9. AGE (In years last birthday) <u>75</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Driver</u>	11. BIRTHPLACE (State or foreign country) <u>Richmond, Virginia</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Samuel H. Johnson</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Riner</u>	14. NAME OF HUSBAND OR WIFE <u>Anna Mae Johnson (Deceased)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. J. B. Stone</u> ADDRESS <u>Springfield, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>ARTERIO SCLEROSIS & Atherosclerosis</u>		DUE TO (a) <u>Arteriosclerosis & Emboli</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>To left femoral Artery & Rt</u>		DUE TO (c) <u>Brachial artery Congested leg</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>4-12-53</u>	19b. MAJOR FINDINGS OF OPERATION <u>Congested leg</u>	20. AUTOPSY? <u>YES</u> <input type="checkbox"/> <u>NO</u> <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>4-5-53</u> , 19 <u>53</u> , to <u>4-22-53</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>4-21-53</u> , 19 <u>53</u> , and that death occurred at <u>11:30 AM.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Joseph P. Hills M.D.</u>		23b. ADDRESS <u>Springfield, Mo.</u>	23c. DATE SIGNED <u>4-22-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/1/1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>
DATE REC'D BY LOCAL REG. <u>4/22/53</u>	REGISTRAR'S SIGNATURE <u>Evelyn Williams</u> Deputy Registrar	25. FUNERAL DIRECTOR'S SIGNATURE <u>AYRE-GOODWIN FUN'L SERVICE, Spgfl.</u> ADDRESS <u>Mo.,</u>	

(Licensed Embalmer's Statement on Reverse Side)


WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____
_____, Student Embalmer No. _____,
working under my personal supervision.

Student
Student Embalmer

Signed _____


Licensed Embalmer No. 4594

P. O. Address Springfield, Missouri

Note: The above ~~MUST BE SIGNED BY THE~~ LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.